STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910826	**08/10/2016**
NAME OF PROVIDER OR SUPPLIER **DUNEDIN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 HOWELL STREET** **DUNEDIN, FL 34698**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A monitoring visit for closure was conducted at Dunedin Assisted Living Facility on 8/10/16.

Dunedin Assisted Living Facility is closed. There were no resident living at the facility at the time of the visit.

License: 7292